

REQUEST FOR OCCUPANCY INSPECTION

This form **must** be filled out and returned to the **Building and Zoning Dept.** 2000 Edison Ave., Granite City, Illinois 62040 with a **copy of a signed Crime Free Lease Addendum & lease agreement listing all occupants before any occupancy permit will be considered or scheduled.** If you have any questions you may call the Building & Zoning Dept. Monday thru Friday **8:00 a.m. to 4:00 p.m. 618-452-6218**

Date ____/____/____ Location _____
Month Day Year Address of property to be rented

Owner _____
First Name Last Name

Manager _____ Phone _____
Name Number

Address of Owner _____

Number Street City ZIP

Phone No. of Owner _____ Cell _____

Everyone 16 and over must have “VALID” U.S. picture ID

List *All* Occupants below – including full Name & Date of Birth

1.	First	M.I.	Last	Date of Birth
2.	First	M.I.	Last	Date of Birth
3.	First	M.I.	Last	Date of Birth
4.	First	M.I.	Last	Date of Birth
5.	First	M.I.	Last	Date of Birth
6.	First	M.I.	Last	Date of Birth
7.	First	M.I.	Last	Date of Birth
8.	First	M.I.	Last	Date of Birth

Phone number where **renter** may be contacted if necessary. _____

Signature of _____
Renter(s)